

Department of Defense Bloggers Roundtable With Paul Heithaus, Program Manager, Military Pathways; U.S. Navy Commander Chaplain Steven Dundas; Air Force Colonel Chris Robinson, Deputy Director for Psychological Health, Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury; Via Teleconference Subject: Real Warriors Campaign: Mental Health Month Time: 9:30 a.m. EDT Date: Thursday, May 24, 2012

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THIS IS A RUSH TRANSCRIPT.

WILLIAM SELBY (Office of the Secretary of Defense for Public Affairs): OK. Well, I'd like to welcome you all to the Department of Defense Bloggers Roundtable for Thursday, May 24th, 2012. My name is William Selby with the Office of the Secretary of Defense Public Affairs, and I'll be moderating the call.

Today we're honored to have as our guests a U.S. Navy commander, Chaplain Steve Dundas; Paul Heithaus, or Heithaus -- (changes pronunciation) -- sorry -- of Military Pathways; and Air Force Colonel Chris Robinson. All of these gentlemen will be discussing the Real Warriors Campaign.

Somebody else just joined us?

Q: This is Emily Springer from the Real Warriors Campaign.

MR. SELBY: OK. Thanks, Emily.

And a note to the bloggers on the line. Please remember to clearly state your name and blog or organization in advance of your question. Respect our guests' time, keeping your questions

succinct and to the point. And we ask, if you are not asking a question or answering a question, that you please place your phone on mute.

With that, to the speakers, if you have opening statements, the floor is yours.

PAUL HEITHAUS: Who goes first?

MR. SELBY: Well, we can go in order that you guys jumped on the phone. Paul was first on the line, so if Paul wants to go first.

MR. HEITHAUS: Sure.

For starters, thank you all for having us. My name is Paul Heithaus, and I am the program manager with a program called Military Pathways. Military Pathways is a partnership between the Department of Defense, DCoE, and an organization called Screening for Mental Health, based out of Wellesley, Massachusetts.

Military Pathways is a voluntary, anonymous and free mental health self-assessment and referral program that's available to service members, veterans, and their families. The primary goals of Military Pathways are to reduce stigma, raise awareness about mental health, and connect those in need of health to the proper resources that are available.

Military Pathway resources, as I said, are available to service members and their families and are designed -- and are designed to help individuals identify their own symptoms and access assistance before a problem becomes critical.

As I said, we provide anonymous online screenings that address -- that address depression, generalized anxiety disorder, bipolar disorder, post-traumatic stress disorder, alcohol abuse, and adolescence depression.

These assessments identify symptoms associated with mental health disorders, educate families on the indicators and symptoms of disorders, and provide an opportunity to contact a clinician, and, most importantly, to reinforce that facing personal challenges -- that facing personal challenges is a sign of courage.

Through a series of questions, these self-assessments help create a picture of how a person is feeling and what kind of evaluation that they may need. It's important to note that these assessments do not provide a diagnosis, but rather a safety net that helps catch those in need of assistance and support.

Service members, veterans and their families can visit our website, which is www.MilitaryMentalHealth.org, to participate in an anonymous screening and receive information about our available resources.

In addition to our anonymous online screenings, Military Pathways also provides an evidence-based suicide prevention program for military-impacted middle and high school schools -- for military- impacted middle and high schools, including all DODEA schools around the world.

The SOS program is the only school-based proven -- the only school-based program proven to reduce suicide attempts in a randomized, controlled study -- randomized, controlled study.

Finally, Military Pathways works in partnership with the Department of Defense's Center for Telehealth and Technology, or T2 as it's known. T2 provides a number of fantastic technology-based mental health resources for service members.

In addition to their resource-rich websites, AfterDeployment.org and MilitaryKidsConnect.org, T2 has been developing apps to help service members and veterans cope with the symptoms of post-traumatic stress and anxiety. These apps can be found in the Apple and Android app stores, as well as on the T2 Web page, T2Health.org.

So I can answer questions when we're ready for that.

MR. SELBY: Thank you, sir.

And did somebody else just join?

MR. HEITHAUS: I'm sorry?

MR. SELBY: Did -- yeah, sorry. A couple of people just joined.

Q: Yeah, this is Doug Karr with NavyVets.com.

MR. SELBY: Doug, will you be asking questions?

Q: No.

MR. SELBY: OK.

And so we'll go and move on to Commander Dundas.

U.S. NAVY COMMANDER STEVEN DUNDAS: Yes. OK.

I'm Commander Steve Dundas. I'm a Navy chaplain, career military, not just as a chaplain. And I'm even a Navy brat. My dad was a Navy chief who retired in '74 and a Vietnam vet himself.

I enlisted in the Army National Guard at the same time I entered Army ROTC back in '81. I was commissioned as an Army lieutenant in the Medical Service Corps in '83, active duty. I was a platoon leader, Company XO, company commander, brigade and battalion adjutant; left active duty to go back to the National Guard, to go to seminary in '88; became a chaplain in '92 in the Guard; made major in '95 in the Reserves; got mobilized in '96 to support the Bosnia mission. At

the time I was a civilian hospital trauma department chaplain and had done my residency at Parkland Hospital in Dallas; seen a lot of death, a lot of pretty bad stuff.

Then in '99 I had the opportunity to get back on regular active duty and resigned my Army commission as a major to come into the Navy as a lieutenant; served the 2nd Marine Division; served and deployed after 9/11 on USS Hue City, a cruiser, and was actually on a boarding team as an adviser to the ships we were impounding during the Iraq oil embargo.

Then I went to Marine Security Forces after that, Navy EOD. And from EOD, my assistant and I were sent as individual augmentees to Iraq, where we worked in Multinational Force West out in Anbar Province supporting -- the specific mission was that we were the chaplains for all the military, police and border training teams that were out with the Iraqis, Iraqi 1st and 7th divisions, 2nd border brigade, even Iraqi highway patrol and any other (loose ?) teams that were out in these little isolated places.

And we were basically continually on the road, in the air, going where not too many people went, occasionally getting shot at, and mostly in some kind of supporting kind of situations that still I really don't talk much because of the nature of them; so came back from Iraq in February 2008 and then began to notice that I was different, and pretty soon, within about four months, was falling apart.

And I was coordinating an event dealing with combat stress reactions, led by Colonel Dave Grossman, who's written books on killing and on combat. And during his presentation, I was not doing well. It was also the time of the Dismal Swamps fires in the Norfolk -- the Hampton Roads area. And I was reacting to all sorts of stimuli from the smoke that reminded me of Iraq and other kinds of smells and sights, and not sleeping and having nightmares and flashbacks and all sorts of other stuff. And my -- our group doctor at EOD noticed me at the end of the day, and he looked at me. He goes, Chaplain, are you OK? And I said no.

That was the first person to ask me within -- other than the mandatory post-deployment mental health reassessment stuff what I was -- you know, if I was OK, and then got me into treatment, diagnosed PTSD, a pretty severe case of PTSD. And it was a very hellish couple of years before I started to pull out of it. And I still have my moments. I still have bad times. It included a loss of faith, where basically for two years I was pretty much an agnostic searching for God.

And so my first person to ask me about God was my shrink, who asked me how I was doing with the big guy. And I said not too well. I'm so grateful for him, Dr. Elmer Maggard. He really helped pull me through. I had a very supportive chain of command, both at DOD and in my next assignment at Portsmouth Naval Medical Center.

One of my commodores at EOD, when he met me when he was coming in, he asked me, Chaplain, where do chaplains go for help? And I said at this point I really don't know. And so it was very difficult.

And for health care providers, mental health providers, chaplains and stuff, we're in a weird place, because we come back from war and we go back to doing what we do, taking care of

people and bearing other people's burdens regardless, and a lot of times we don't take care of ourselves. And a lot of people don't realize that we go through the same things that the other folks coming back are going through.

And one of the things that Dr. Maggard asked me back in 2009 -- 2008, 2009 -- was what are you going to do with this? He goes, you can obviously, you know, basically help -- you can try to get better on your own and, you know, get therapy and medication and stuff, but are you going to tell your story to anyone? At first I was kind of hesitant, and then I began to write about it on my own blog. And that has been a very healing thing.

So I now serve -- I was promoted to commander last year. I'm the command chaplain at Naval Hospital Camp Lejeune, North Carolina -- or as they call it down here now, Lejeune, because General Lejeune was from Louisiana, evidently, and they pronounce this word differently, but basically here at the naval hospital that's supporting and caring for the Marines and sailors of the 2nd (Mess ?) and its related units who are going to and from war and caring for them, their families, as well as our own sailors.

And so I serve among a wonderful population of veterans, many combat veterans. I see these young Marines and sailors walking around this hospital, the combat-wounded and those with various injuries that are not seen -- PTSD, TBI, depression, substance abuse. I see these things and I see these very brave volunteers who've volunteered in time of war, and I am always amazed by them. They're wonderful folks. And I'm privileged to serve and glad that I get a chance to just be a part of a great team of professionals at this naval hospital and our associated clinics that help out.

MR. SELBY: Well, thank you, sir, very much.

Colonel Robinson, do you have an opening statement --

COLONEL CHRIS ROBINSON: Sure.

MR. SELBY: -- before we take questions?

COL. ROBINSON: Sure. Good morning, everybody. This is Colonel Chris Robinson.

And thank you, Commander Dundas. That was excellent. I really appreciate hearing about that and about your story. It really highlights a lot of the points and a lot of the work that we're trying to do here at DCoE, at the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury.

So I was -- a little bit about my background. I was deployed as a combat stress detachment commander in '09 to parts of '10, and then have been working at this job now for about four years, and so, you know, really trying to address what Commander Dundas was talking about in terms of, you know, getting people the help they need and getting them the assistance they need as early as possible.

So one interesting phenomenon that we're seeing -- and, you know, the stigma issue is not just a military issue. This is, you know, our culture as a country. You know, we tend to be very stoic and individualized and thinking that we've got to be strong and can't seek help when we need to.

But the numbers of people who go for help or, let's say, for the number of people who are diagnosed with post-traumatic stress disorder, for example -- by that I mean they've gone into the clinic and they've seen a provider, and then a provider has given them that diagnosis and provided treatment -- is much lower than the number of people who, when we give self-report surveys, where they're anonymous and self-report -- that means that they fill out a little form and don't put their name on it -- that number is a lot higher. So there's a big disconnect between the number of people who have sought care and the number of people who are reporting these symptoms.

So that's, of course, a big concern of ours. And that's -- you know, so we're working real hard to try to reduce the stigma issue. And so here at DCoE, one of the things that we've developed to do that is the Real Warriors Campaign. And the Real Warriors Campaign is a public education campaign. I really would encourage you, if you're not familiar with it -- I imagine most of the people on this call are -- is to go to the RealWarriors.net Web page and take a look at it.

Now, what you'll see is a variety of things.

There's lots of resources and tools that you can look at or read or have your family members read. There's also some of the public service announcements that you'll see. And Commander Dundas is one of them. And the idea there is, you know, we believe that if you can get people to hear stories -- if you're a service member, for example, and you can hear stories about other service members who've had similar problems but have sought help, then that may likely be the thing that can really trigger you to go seek help.

You know, having psychological problems, having distress related to a deployment, is normal. It's common. You know, not everybody comes back with post-traumatic stress disorder, but it does affect you and it will change you. So it's actually pretty common to have distress associated with it. But we just know that care, early care, is better than no care, and it can greatly assist our folks getting better.

You know, so reaching out is a sign of strength, really. It's one of the things that we try to put out, the message that we try to put out there, and really want to highlight that. You know, this is mental health month, and so if we can help get that word out as much as possible, I think we'll be doing our service members and their families a big service.

That's all I really wanted to say this morning.

COMMANDER DUNDAS: Can I tie something in there, Colonel, as far as on the returns and the folks that, you know, they mentioned that they've got help, but -- or need help or they're suffering symptoms but don't go get help.

I think, you know, one of the things is that there's a disconnect in our society. And you have alluded to it in talking, you know, about how people feel about getting help. You know, this -- the way we do war -- and we've done it in Vietnam and we've done it here -- is that when our warriors return, they are not really brought back into the society in the way that warriors were in the past in more historical settings.

And you can go back to almost every major -- you know, you go back into a more tribal kind of setting. Warriors would go out. They'd fight an enemy that was known. They'd do battle. They'd defend the home and hearth. And when they were back, they had done things that, you know, killed people, done other things, but the society brought them back in. And there were rituals. There were -- whether they were religious, whether they were societal, whether they were relational.

And what we do is now we come back and people go their own way, you know. And so the returning veterans, especially the individual augmentee who comes back, comes back as a stranger sometimes to his own unit or to a new unit. And with the reservist who comes home to a country that we say we support the troops, but we don't understand. We're a society that as a whole is not at war.

And so the combat soldier, the person who comes back from war and has seen things, done things, heard things, experienced things that don't fit with the rest of life, they come back and that's a huge barrier. It's almost a crushing thing when you walk through a mall the first time after getting off a plane or even going through a big civilian airport in your cammies, carrying your sea bags and your gear, and then having TSA say take off your boots or something. You know, it's a -- it is almost humiliating. And I know there's a lot -- a lot of veterans get angry at stuff like that. I know I did.

And so I think that's part of the disconnect, that when people come back, whether they remain on active duty, go back to the Reserves or get out, is that we're not, as a whole, a country at war. And we don't have the rituals anymore. And people return as individuals, so they suck it all up. And I think that's part of the reason we see suicide rates so high. I think we've lost that community. And I think that's one of the big things.

COL. ROBINSON: Yeah, that's a great point. I agree with you. And one of our general officers commonly says never before have the -- has the burden of so many people been on the shoulders of so few for so long. And I think that's a good statement to really sum up what you're talking about.

COMMANDER DUNDAS: And I think it's something like, at any given time, there's about six tenths of 1 percent of the population of this country is serving in the military in all components.

COL. ROBINSON: That's right.

MR. SELBY: Well, thank you, everybody, for your opening statements.

We're going to go ahead to questions from the bloggers.

Michele, you were first on the line. And remember, to the bloggers on the line, please keep your questions short and to the point. Thank you.

Q: Good morning, gentlemen. I want to thank you both for your service and for the outreach and resources and what you're making available to everyone today.

Colonel Robinson, I'd like to ask you, if I may, the Defense Centers of Excellence, how do you work with them, the individual commands as a whole on those returning, especially for those -- the injured that have been through Defense Centers of Excellence, and then they are going to be leaving there and returning to their either home commands or those wounded that are going back to their own families? Do you communicate and coordinate with people on their local level in the civilian communities? Have you got an initiative? Or is there something that they work within that realm?

COL. ROBINSON: Well, you know, the DOD has an initiative. I think you might be thinking of, like, the Yellow Ribbon Campaign or some of the reintegration efforts that the services are doing.

Now, DCoE, our organization, you know, we don't see patients. We don't provide any clinical care here. We don't do research. We really are the integrating body for psychological health and traumatic brain injury. So our job is to really kind of know about some of the services that you're talking about.

Q: Right. Yeah, that's what I was getting at, because I'm real familiar with DCoE's makeup.

COL. ROBINSON: OK.

Q: And I was just wondering if they had in the last couple of years, I mean, from when DCoE began, up to -- they've come an enormously long way.

COL. ROBINSON: Yeah.

Q: And I know there's been a lot of discussion with the peer-to- peer support on the local levels -
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COL. ROBINSON: Right.

Q: -- (are ?) vital local initiatives that many can participate in on the civilian side and step up to assist those returning home.

COL. ROBINSON: Yeah. You know, a great example, I think, is our warrior resilience conference that we had a couple of months ago, where we had line leadership at all levels, officer and enlisted, really advocating what you're talking about, which is this notion that, you know, we can't just sit around and wait for people to come to the clinics. We need to have a system in place. And the peer-to- peer support system is a great concept of teaching people how to help

each other, how to be good, you know, buddies and to know when it's time to encourage that friend of yours to seek help.

Q: I do know that not everyone is virtual, and that's why the peer to peer, I think, has become more popular. But a lot of people don't understand that.

COL. ROBINSON: Right.

Q: The virtual is the way in our technology today, but not everybody can grasp that. They need to get outside of that.

COL. ROBINSON: You're talking about some of the apps that are in place now?

Q: Mmm hmm. (Acknowledging.

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COL. ROBINSON: Yeah, OK.

MR. SELBY: Thanks, Michele.

Lily (sp), you were next.

Q: Hi. First of all, I want to say thank you to not only our active duty, but our veterans. I'm a wife, and June 2nd will be a year that my husband was discharged from the Navy.

My question was, I guess it's about the anonymous phone calls, the screenings. The reason why I wanted to ask is this is available to families also, not just for the active duty, to call in and kind of, you know, get an assessment about himself. But is this available also for the family?

The reason why I'm asking is because my husband did five tours. The last one he did was an IA in Afghanistan in '06. And ever since he came back, he needed -- (inaudible) -- the anger, the rage, the nightmares; you know, everything. And for five years, I would cry to him and ask him to get help, but I knew he was suffering from PTSD. He would tell me no, because he didn't want to -- (inaudible).

I tried going to his chief. I tried going to his doctor. And everybody would tell me that I can't do it; it has to come from him -- you know, doctor-patient confidentiality -- (inaudible). And so I felt like I had nowhere to turn to ask for help for my husband. This is why I'm asking about the anonymous assessment, because having somewhere to turn and having some way of getting help for my husband would have alleviated six years of so much. It's really so lonely.

MR. HEITHAUS (?): I'm not sure, William, who they're addressing their question to.

MR. SELBY: Lily (sp), did you -- was it a question or --

Q: Yeah, the question was about the anonymous assessment -- (inaudible).

MR. HEITHAUS (?): (Inaudible.)

Q: Yeah. Is that also accessible to, like, families and spouses to call in and see if they can assess their spouse? We don't have PTSD symptoms.

MR. HEITHAUS: The Military Pathways assessments are available to service members and their families. So spouses, partners, children, our assessments and our resources are available for all those parties, recognizing that families do deal with the same issues as the service members while they're deployed and when they come back. So we have made all of our resources available for family members.

Q: I really wish I would have heard about these programs six years ago. So thank you for this. Thank you for allowing me to be part of this roundtable. We're still dealing with a lot of these issues in our family, so all of this information today is very helpful. Thank you.

COL. ROBINSON: And I just wanted to say one thing, too, Lily (sp), in addition to the Pathways. The DCoE outreach center also -- you know, we have -- 24/7, we have trained health resource consultants who can answer questions if you call them and have specific questions. That's 866-966-1020. And you can call. And you can also access, you know, through live chat on the RealWarriors.net live chat feature.

So there are some resources out there. And I agree, it's always -- it always saddens me when I hear that people didn't know about these resources when they need them. So we really, you know, appreciate any help you and the others can provide to help us put the word out about all this.

Q: Thank you so much. I really appreciate it.

MR. HEITHAUS: And Lily (sp), one more thing. A colleague of mine just pointed out, who's also on the call, we had put up a blog post several days ago, written by a doctor, with tips for family members to help your service member or veteran access mental health care services. It's available on the Military Pathways blog, which you can find -- which you can access through our website at MilitaryMentalHealth.org. And it provides -- it provides a number of resources as well as some tips just for helping your loved one who is a service member or vet access care.

Q: Thank you so much. I really appreciate it. And I'm definitely going to try to use these websites. Like I said, I hadn't heard of them until now, so it's definitely going to be a resource I turn to.

MR. SELBY: Thank you very much.

MR. HEITHAUS: Thank you.

COMMANDER DUNDAS: Yeah, Lily (sp), and I just want to say that, you know, the thing that the family members like you mention, the wives who notice their husbands or their spouses - - and also this can go for husbands whose wives come back -- you can see the difference. You can see the change. And sometimes the spouse who comes back is completely oblivious to what that change is. Even though they're going through absolutely a living hell, they don't get it.

And so -- and so the family member can be very helpful in saying are you OK, you know, to not sit there and say, you bet -- you know, why are you treating me like this? -- but to say, hey, what's going on with you? This is not the same person I met, you know, or I fell in love with.

You know, your -- the family burden in this is huge and the impact on families. I know my poor wife, she had to deal with me. And, oh, my God, you know, what a returning veteran put a family member through can be a living hell of its own. And so -- especially if they don't get help or they're going through really bad times.

And so thank you for continuing to love your husband. And continue to support him and try to get him help.

Q: Thank you. I appreciate that.

MR. SELBY: And on to John McCandless.

Q: Yes. It's John McCandless. I write for the Navy Memorial blog, which is a Navy Log.

And I'm interested to see how you're reaching out to or interfacing with the Veterans Administration on programs like this, and also the veterans' service organizations.

MR. SELBY (?): Is that directed -- who is that directed to?

Q: Anybody who wants to comment.

COL. ROBINSON: Well, this is Colonel Robinson. So one of the large efforts that we're doing here is actually to integrate -- working to integrate better with the veterans' affairs. And we have an integrated mental health strategy that we are looking at over 28 different areas about how we can connect with them better.

And on each of those action groups, we have -- you know, they have members from the VA as well as from the DOD; you know, realizing several years ago one of the flaws in the system was that transition between DOD and VA and to really try to work to close that gap so that, you know, when the service member -- if it happens that they are discharged, then one of the -- you know, to try to facilitate that handoff to the VA system, to make it as seamless as possible.

So, you know, the Real Warriors Campaign, for example, we partner with the VSOs like the American Legion, for example, and we also have -- I'm not sure if you're familiar with the In Transition program, which is a program for -- if you have a -- you know, let's say you're a mental health provider somewhere and you have a service member you've been caring for who's being

discharged. And the In Transition program is a great way to connect that person with a coach who can then connect them with the VA; so really working in a lot of areas to try to improve our connection with them.

MR. HEITHAUS: And Military Pathways is pretty much doing the same thing. We don't work directly with the VA in Washington, but we have relationships with a good number of VA hospitals and VA medical centers around the country. Our data actually shows that about a quarter of our screenings taken each month are taken by veterans -- are taken by veterans.

And a good number of the materials and resources that we provide in the community do go out to veterans' centers. And we're actively always -- we're actively working to always try to do a better job of reaching out to veterans' centers and to veterans' service agencies in the communities.

Q: Thank you, gentlemen.

MR. SELBY: Thank you, sir.

And on to Karen.

Karen, you still there?

OK, Dale. Dale Kissinger.

Q: I'd like to direct my question to Chaplain Dundas.

How did you serve as a chaplain during those two years when you were struggling with your own faith? Were you able to conduct services? And do you feel like your faith has returned after you've dealt with the PTSD?

COMMANDER DUNDAS: Yeah, it was really weird. It was a daily struggle to try to maintain faith, to pray, to do my -- I'm of an Anglican-Catholic type background -- to celebrate eucharist and the mass. It was a very important thing to me all the way even through Iraq. And I came back and it became much harder. I began to feel that I just didn't even know if God was there.

And I remember my wife, who is Roman Catholic, and I went to a Christmas Eve mass with her in Christmas 2008, and I was doing so bad before -- she sings in the choir. And I handed her my car key -- or I said I've got to go. And I ended up walking home. Thankfully it wasn't snowing or raining or anything like that, but just walking and looking at the dark sky and saying, God, are you even there?

I found, in the suffering of people, a lot of questions I didn't have answers for. And it was -- it was just a matter of continuing to say, you know, I'm called to doing this. I've got to try. And I read the accounts of others who had struggled with faith, when I was really -- for a while, about the only kind of spiritual reading that I could get that actually helped me were the writings of the mystery novels of Father Andrew Greeley and his Bishop Blackie Ryan series, and it somehow

helped reintroduce me to the grace of God in a different way than just my typical (theologue ?) brain doing things as a historian and theologian and stuff like that.

And as I walked through different crises with people, there were a couple of refuges. One was baseball. Somehow baseball calms me more than anything. And I have a hard time going to big places with lots of crowds, but somehow if I go to a ballpark, there can be a lot of crowds, but when I see that diamond, I get that peace. And so that was helpful. And it was funny, because during that time the ownership and the management of the Norfolk Tides baseball team was really helpful to me and allowed me to go out to the stadium even if they weren't playing, just to sit in the grandstand and look at the field.

So I found some other ways to finally begin reconnecting. And it was a situation in December of 2009 where faith began to return. I've written about my own situation on my own blog, my own kind of journey, my spiritual path, a lot. But I was the duty chaplain at the Naval Medical Center, and about 6:00 in the evening I got two pages, one from a doctor and one from a nurse, down in ER that a gentleman was going to die.

I rushed down there. I had my (soul ?), my oil to anoint, my Book of Common Prayer to do the anointing of the sick. And I rushed down there. I got down there. And this man was obviously in his last few moments of life. His wife was with him. And I -- the wife looked at me and said he's been -- he's not going to go until he gets this. He had been a lifelong Episcopalian and wanted me to -- I did the rite.

And as I did the commendations and prayers, it was -- he breathed his last as I was doing that, with my hand on his forehead, making the sign of the cross. And something happened at that point. I can't explain it. And then I began to -- what happened, this man was really -- he was a saint. He had been a Navy doc. He'd been a line officer in World War II, got out, became a doctor in the Navy, retired from the Navy. He was a Portsmouth native. He gave of his time. He served his community. He provided medical -- free medical care to inmates of the county jail. He delivered babies for free.

And, you know, he -- his was just a sudden -- it was a heart attack that finally, at the age of 91, in the house that his father built, was the thing that brought him in. And something happened at that moment. I realized that somewhere, even in the middle of this death and this -- I don't know whether it was his goodness or the grace of God, whatever -- something began to change. I began to have faith again. And it was in a simple act of doing the sacrament of the last rites.

And something happened at that point, and I began to feel somewhat different. Now, I was still struggling. I was still asking a lot of questions. But I began to sense that grace of God again. I began to sense that, yeah, OK, maybe God is here. And as I began to grow, as I began to re-experience faith, my faith was a little bit different than what I had.

And in 2010, I had the experience of having a bishop in my former church tell me, Father Steve, you're too liberal now. You need to find a new church. (Laughs.) And so I ended up becoming -- I ended up, because I was not expecting something like that -- didn't expect that all of a sudden I'd be considered a liberal -- I ended up -- thankfully found a new church home, an old Catholic

denomination, the Apostolic Catholic Orthodox Church, and thankfully was able to continue and serve as a priest in that church.

And that community has been very helpful to me, because they're very active with veterans' work, a number of chaplains working in VA hospitals and people working with programs for wounded warriors. So it's really a beautiful thing for me.

But faith is really -- it was difficult, where I couldn't even -- it was hard to read the Bible. Preaching -- because I preach from the lectionary, the readings are there and you've got to deal with them. And so I would have to deal with sometimes things that were really deep, that were really profound, that really I didn't know where to go with them. And I had a wonderful congregation at the naval hospital, which we rotated. And so about every three or four weeks I was the one to do it. But this mainly retirees and a few active-duty folks, they supported me. They loved me.

And there was a little -- there's a little Episcopal church in Portsmouth, St. James, which is a historically African-American church, and they -- I met their priest when he came to see one of his patients who was in our ICU, where I worked primarily. And he invited me, and that became a place of solace.

Even as I struggled, this little church, with its historic, back to slavery, Reconstruction, civil rights, this history of these wonderful people, they embraced me and loved me. And I still -- any time I get up to Virginia -- because I'm a geographic bachelor -- I try to go to church at St. James.

And so my -- you know, I'm -- I guess, as far as spirituality, as far as faith, I've come to believe in God again. But I believe in a God who's much more gracious, much more accepting of people where they are, and understanding probably and forgiving more than probably most people in churches are. And I guess that's been the big fact that's helped me is that God is, you know -- you know, I sense the presence of God again.

Now, I still have my moments. I still have my doubts. I had a dear friend and coworker, a young nurse who'd just been promoted to commander, die suddenly last week at Portsmouth. I couldn't be there, you know. And it just -- it was like getting just absolutely kicked in the gut, you know, this young woman die, who was such a wonderful nurse, such a wonderful naval officer, who had served her people and was a woman of faith herself. I mean, that just tore my guts out.

I was asking God, I don't know. I don't understand this. You know, I don't agree with it and I'm really not happy with you, God. But I realize that God's big enough to handle that. And, you know, if he wasn't, he wouldn't be God. But those are -- you know, I still experience those things.

When I see casualty reports and I see these names and these faces of young Americans killed, it touches me. I had one of my former Marines --

MR. SELBY: Sir --

COMMANDER DUNDAS: -- join the Army, and he was killed in Afghanistan about a year ago. And that was another one of those kind of things. I got to ask -- you know, I have faith, but I do ask questions.

MR. SELBY: Commander Dundas? Sir?

COMMANDER DUNDAS: Yeah.

MR. SELBY: I'm sorry. I don't -- I apologize to cut in between. I wanted to see if we could --

COMMANDER DUNDAS: Yeah, I think I kind of started to meander, so go ahead.

MR. SELBY: That's all right, sir.

Shelle, are you still on the line?

OK. Well, actually, I didn't have to -- I guess we are about to wrap up. Everybody's had a chance to ask a question. And we're going to go ahead and wrap up now.

I wanted to first thank you, everybody on the line, for participating, and for everybody on the line that's asked your questions, and -- (inaudible) -- for giving such good answers today.

If you have any closing comments before we wrap this call up, Paul, Colonel Robinson, or Commander Dundas, please go ahead with those now.

COL. ROBINSON: Well, this is Colonel Robinson. And I just want to echo those thanks for everybody. You know, it is mental health month, so it's a time for us to really kind of take note of what we can do to help those people who are dealing with mental health issues.

And, you know, one of the good things -- good-news stories I hope that people are taking away from this is there are a lot of resources out there and a lot of options. So hopefully people will take advantage of those and, you know, spend some time on the RealWarriors.net website, and I think you'll see some of those.

But that's all I have to say then.

MR. HEITHAUS: And I would just like to thank Colonel Robinson and especially Commander Dundas for sharing their stories. They really make real the work that we're trying to do here at Military Pathways to hear stories from service members of their experience and the struggles that they've had and how they've sought help. So I'd just like to thank you guys.

COMMANDER DUNDAS: You know, I just want to thank folks for being here and to publicize what Real Warriors is doing and for the various avenues of help with Military Pathways and others, because there is help out there. And I -- as someone who's sought help myself, who had people come alongside me, there's no shame in seeking help.

And so I encourage service members, whatever variety, their families, and especially if there's chaplains who, you know, have experience -- I personally know some who have also gone through similar things to me and other people of faith who have found their faith challenged, in addition to their psychological makeup. Don't give up. Hang in there. God still loves you. And somehow make it through.

And thanks to the folks here at DCoE and the others who are in the vanguard of trying to provide the mental health care for our returning veterans.

MR. SELBY: Thank you very much, sir.

And, once again, thank you to everybody on the line.

You can find out more about the Real Warriors Campaign on DODLive.mil. And you will also be able to find a transcript and an audio file from this roundtable. That will be up in about a day or so.

Thank you again for everybody on the line. This concludes today's event. Feel free to disconnect at this time.

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